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Bib Data Sheet

CONFIRMATION NO. 9700

|  |   |                                   |   |                                      |                                |
|--|---|-----------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/089,168   | <b>FILING DATE</b><br>03/27/2002<br><b>RULE</b>   | <b>CLASS</b><br>370               | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>Q69109 |                                |
| <b>APPLICANTS</b><br>Olivier Marce, Massy, FRANCE;<br><br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/FR01/02452 07/26/2001<br><br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 00 01 087 07/31/2000 |   |                                   |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance         |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>12            | <b>INDEPENDENT CLAIMS</b><br>2 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   |                                   |   |                                      |                                |
| <b>ADDRESS</b><br>Sughrue Mion Zinn Macpeak & Seas<br>2100 Pennsylvania Avenue N W Suite 800<br>Washington , DC 20037-3213   |   |                                   |   |                                      |                                |
| <b>TITLE</b><br>Method of setting up a call with a predetermined set of required service and/or characteristics, and a corresponding network   |   |                                   |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>890  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |